THE WIIDOOKOWISHIN PROGRAM: RESULTS FROM A QUALITATIVE PROCESS EVALUATION OF A CULTURALLY TAILORED COMMERCIAL TOBACCO CESSATION PROGRAM

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Abstract: Commercial tobacco use rates remain disproportionately high among American Indians (AIs). Tailored cessation programs such as the Wiidookowishin (Help Me) program implemented at the Fond du Lac Reservation in Minnesota have demonstrated that such programs can be successful and achieve quit rates similar to mainstream programs. This paper presents findings from a qualitative process evaluation of the Wiidookowishin program and discusses elements that underlie its success at recruiting and enrolling participants, including individualization, flexibility, accessibility, ongoing outreach, and inclusion of traditional tobacco teachings. Lessons learned can be applied to the development of tailored programs to reduce tobacco-related disparities among AIs.

INTRODUCTION

The Wiidookowishin (Help Me) program is a commercial tobacco cessation program developed by the Fond du Lac Band of Lake Superior Chippewa. Wiidookowishin is adapted from the American Lung Association "Freedom from Smoking" curriculum and incorporates Ojibwe culture, language, and traditional tobacco education into the curriculum. Previous evaluations have demonstrated that the Wiidookowishin program achieves quit rates similar to those of mainstream tobacco cessation programs (D'Silva, Schillo, Sandman, Leonard, & Boyle, 2011). Importantly, Fond du Lac has been able to successfully recruit and enroll tribal members to take part in Wiidookowishin. The tribe and its funder, ClearWay Minnesota[SM], partnered to evaluate what contributes to Fond du Lac's ability to connect tribal members to commercial tobacco cessation services. This paper presents the results of a process evaluation that identified elements that contributed to successful recruitment and enrollment of participants to the Wiidookowishin program.

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BACKGROUND/LITERATURE REVIEW

Commercial tobacco use among American Indians (AIs) continues to be higher than among other racial/ethnic groups despite the success of limited examples such as the Wiidookowishin program. While smoking prevalence in the U.S. has declined to 18.0% (Centers for Disease Control and Prevention, 2013), and the statewide smoking rate in Minnesota is 16.1% (Boyle et al., 2011), a recent study indicates that 59% of AIs in Minnesota are commercial tobacco smokers (American Indian Community Tobacco Projects, 2013). Minnesota's AI nations are disproportionately impacted by commercial tobacco: Five of the six leading causes of death among AIs—cancer, coronary heart disease, stroke, diabetes, and lower respiratory disease (Great Lakes Inter-Tribal Epidemiology Center, 2008)—are related to commercial tobacco use (U.S. Department of Health & Human Services, 2004).

Research suggests that AI smokers have less success with quitting smoking when compared to other racial/ethnic groups. Barriers to commercial tobacco cessation include a lack of information about the harm of commercial tobacco (Hodge & Struthers, 2006) and low utilization of nicotine replacement therapy and cessation medications (Burgess et al., 2007). Despite negative attitudes about and distrust of cessation aids, expressed as a lack of trust in conventional medicine and skepticism about side effects, evidence suggests that AI smokers might utilize pharmacotherapy if it were made more accessible in the community (Burgess et al., 2007). Another barrier is that smoking is perceived as normative in some communities. Because tribal nations are sovereign, state-level smoke-free laws do not cover reservation communities. AIs, therefore, often live in settings where smoking in public spaces is more common.

Few other tobacco dependence treatment programs have been developed specifically for AIs (Choi et al., 2006). Of those, the "It's Your Life – It's Our Future" smoking cessation project in California demonstrated moderate success (5.7% quit rate in the intervention group vs. 3.1% quit rate in the control group at 18-month follow up; Hodge, Larri, & Kipnis, 1999). Daley and colleagues (2006) recently evaluated "The All Nations Breath of Life Program" (ANBL) to determine whether a pan-tribal approach can be effective in promoting cessation to a wide array of tribal groups. ANBL was developed using focus groups and a modified Suitability Assessment of Materials scoring process to ensure cultural appropriateness of materials (Daley et al., 2009). A cessation and prevention Web site also was adapted by conducting focus groups with urban AI/Alaska Native youth but has not been evaluated for impact (Taualii, Bush, Brown, & Forguera, 2010).

Tailored programs provide an important and necessary opportunity to recognize the cultural and traditional values and the unique relationship with sacred tobacco that exists for AI smokers (Struthers & Hodge, 2004; Unger, Soto, & Thomas, 2008). For Ojibwe people, tobacco is seen as the root and foundation of the culture. Historically, sacred tobacco for Ojibwe people was in the

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form of Kinnickinnick or red willow, used for ceremonial activities and in medicinal and healing rituals (Struthers & Hodge, 2004). Sacred tobacco may be burned in a pipe to carry offerings to the Creator or given as a gift to an individual; however, in some instances, commercial tobacco is used in place of traditional tobacco for ceremonial purposes (Forster, Rhodes, Poupart, Baker, & Davey, 2007).

Because examples of culturally tailored programs for AIs are so limited, it is important to learn as much as we can about programs like Wiidookowishin that have demonstrated success helping commercial tobacco users quit smoking. Understanding the elements that contribute to successful recruitment and enrollment may be as important as an examining the results, to inform program administrators and funders as they design programs to reduce commercial tobacco use among AIs. A previous outcome evaluation demonstrated that the program was successful at achieving a 21.8% quit rate among participants 3 months after program completion (D'Silva et al., 2011). Therefore, the purpose of this qualitative process evaluation was to examine the elements that contributed to successful recruitment and enrollment in the program.

HISTORY OF THE WIIDOOKOWISHIN COMMERCIAL TOBACCO CESSATION PROGRAM

The Fond du Lac Reservation is located in rural northeastern Minnesota. Fond du Lac has a population of 4,174 (U.S. Census Bureau, 2013). Individuals are enrolled in federally recognized tribes, with the majority of the members from the Fond du Lac Band of Lake Superior Chippewa, one of the seven Ojibwe tribes located in Minnesota. ClearWay Minnesota[SM] began funding commercial tobacco cessation efforts at Fond du Lac in 2004. Sessions are held at the Min No Aya Win tribal clinic located on the reservation, as well as at a satellite clinic, Center for American Indian Resources (CAIR), in nearby Duluth, Minnesota.

As is the case for most Minnesota tribes, the majority of Fond du Lac's enrolled members live off the reservation, with many residing in the Twin Cities metropolitan area (Minneapolis and St. Paul). An estimated 22,617 AIs, 37% of the entire AI population in the state, reside in this urban area (U.S. Census Bureau, 2013). In 2007, Fond du Lac opened the Mashkiki Waakaaigan Pharmacy in Minneapolis to dispense medications to tribal members living in the Twin Cities metropolitan area as well as to members of all federally recognized AI tribes living there. Referrals to the pharmacy come from local clinics and providers that serve the urban AI population. In 2008, the Wiidookowishin program was expanded to make tobacco dependence treatment services available to the urban AI population. Two pharmacists were trained as tobacco treatment specialists to provide individual counseling using the Wiidookowishin curriculum onsite at the pharmacy.

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Tailoring the Curriculum for Fond du Lac Members

Fond du Lac developed the culturally specific Wiidookowishin program in collaboration with community members and cessation experts. From 2005-2007, modifications were made to the American Lung Association Freedom from Smoking program by incorporating the unique cultural and historical characteristics, and values and traditions, of the community. Adaptations to the curriculum were made based on suggestions from the program coordinator, cessation specialists with expertise specific to the Fond du Lac community, and key stakeholders in the community. To make the program culturally appropriate, Ojibwe language and stories were incorporated into the curriculum. Another vital adaptation was the inclusion of information on use of traditional tobacco. The curriculum incorporates teachings on how to use tobacco as a sacred item in ceremonies and in offering prayers to the Creator. These teachings are designed to help participants understand the difference between sacred tobacco use and commercial tobacco abuse. The curriculum also was adapted to incorporate proprietary Native knowledge and wisdom fundamental to AI culture and lifeways on Fond du Lac.

After these adaptations were made, the revised curriculum was pretested with community members; as a result, several additional changes were made. The original curriculum of eight group sessions was revised to four, in recognition of participants' concerns about the level of time commitment and staff concerns about retention. In addition, an individual counseling model was developed apart from the group counseling format for those who expressed privacy concerns related to the group setting (D'Silva et al., 2011). Each session in the current curriculum—for both individual and group counseling—is 1 hour long and covers the following topics, with the culturally specific information described above incorporated throughout each session:

- Session 1: Thinking about a Healthier Life: Quitting Smoking - Information on building motivation, making the decision to quit, and the costs of smoking.
- Session 2: Starting the Journey - Information about coping with urges and making a plan to quit.
- Session 3: Quit Day: A New Beginning & New Skills for a Healthier Life - Information about social support and weight management.
- Session 4: Staying on the Road to a Healthier Life - Information about exercise, assertive communication, and relapse prevention.

Services are individualized to each person, so some participants complete the sessions weekly, and some allow more time between sessions.

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Program Implementation

Program participants are recruited through a variety of systems and outreach approaches. On the reservation, a significant amount of referrals are made by internal tribal clinic staff and providers who have all been trained in tobacco dependence clinical guidelines (Fiore et al., 2008). Other clients come directly from established relationships and referral systems with outside social service organizations, clinics, businesses, and networks. In addition, an on-reservation tobacco health educator actively recruits through community health fairs, powwows, elders' meetings, and any festival or event where the community gathers. The majority of participants in the pharmacy program come from provider referrals from local clinics that serve AIs in the metropolitan area.

A tobacco health educator is employed at the Min No Aya Win and CAIR sites to conduct outreach and recruitment and to provide the Wiidookowishin program. The tobacco health educator works with each participant to develop a program individualized to his/her preferences and timeline, allowing for sessions to be conducted in groups or individually to maximize comfort level. Some participants contact the tobacco health educator between sessions for additional support. To provide additional opportunities for people to obtain cessation services, pharmacists at both the reservation and urban sites are also trained to provide cessation counseling. The tobacco health educator and pharmacists receive training from the Mayo Clinic Nicotine Dependence Center, which is accredited by the Council on Tobacco Treatment Training Programs. While outreach is a main component of the tobacco health educator position at the reservation locations, the metro pharmacy does not have an outreach staffing component.

Procedures are in place to encourage the use of both counseling and pharmacotherapy. At both the reservation clinic and the metro pharmacy, nicotine replacement therapy (NRT) and cessation medications are offered free of charge to eliminate financial barriers. After a medical staff member discusses commercial tobacco use with the client, a referral is given to the tobacco health educator. The client must first enroll in the Wiidookowishin program in order to receive cessation medication. After the client completes the first counseling session, the tobacco health educator provides a pharmacy slip to the client that verifies enrollment in the program and allows the fulfillment of the prescription. A pharmacy slip from the tobacco health educator is required at every medication refill to ensure continued compliance with the counseling protocol. Small incentives, such as water bottles or craft supplies, are provided throughout the program and all clients are offered a $25 gift card after the completion of all four sessions.

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Participation Numbers

The Wiidookowishin Program has been successful at enrolling its members in commercial tobacco cessation programming. Since inception in 2004, the program enrolled 1,191 people at the Min No Aya Win and CAIR locations and another 142 at the metro pharmacy site. The average participant enrollment per year, averaged across 8.5 years, is just over 140 in the non-metro sites, or approximately 3.3% of the total population. Using data from the recent Tribal Tobacco Use Project (AI Community Tobacco Projects, 2013), which found that 59% of Minnesota's AIs smoke commercial tobacco, Fond du Lac has potentially enrolled 5.6% of smokers per year in cessation services.

METHODS

It is important for those seeking to partner with AI communities to approach that work with respect and understanding for nations' sovereignty, unique history, and self-determination. While this approach is essential in any evaluation work, it is especially so in tribal communities. Tribes have often had negative experiences with outsiders who come into their communities and gather data and information with little consideration of the communities' needs or perspective. This is often called the "helicopter approach" (Gray, Gillis, Hill, Abe, & Martin, 2008). In recognition of this history, the evaluation plan and methods were reviewed and approved by key program staff at Fond du Lac, and their input was incorporated to reflect tribal expertise. Evaluation instruments then were reviewed and approved by the Fond du Lac and Indian Health Service Institutional Review Boards.

Evaluation Design

Qualitative interviews were identified as the best method to provide rich, deep data and to allow respondents the greatest opportunity to share their impressions of the program. The process evaluation design included key informant interviews with Wiidookowishin program participants (n = 20) to assess motivation for participating in the program and how they became of aware of its availability, and with stakeholders from clinic and community settings likely to refer people to services (n = 13) to learn more about their impressions and understanding of the program. The design also included staff interviews with the tobacco health educators and lead health educator, as well as document analysis of quarterly program reports to ensure the evaluator understood the program context and implementation. Key informant interviews were semi-structured to enable follow-up questions to ensure understanding of responses. Interviews were conducted by the lead evaluator.

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Sample

During the evaluation period (August 2011 to January 2012), the Fond du Lac program enrolled 74 participants, with 20 (27%) completing all four sessions of the program, 6 (8%) completing three sessions, 28 (37%) completing two sessions, and the remainder at least one session.

The evaluator and program staff determined that 20 participants, or roughly one quarter of people enrolling in the program during the study period, would provide broad representation of participants. The evaluator sampled individuals who participated in the Wiidookowishin program by selecting every fourth name on the full list of program participants in order of program enrollment date. When a participant declined (n = 1) or was unreachable (n = 4), the next name on the list was selected. The sample included participants from all three locations where services are provided—Min No Aya Win clinic (n = 15), CAIR (n = 3), and the metro pharmacy (n = 2). Participants were interviewed at various stages in their cessation process, so some had completed the program and some were attending sessions at the time they were interviewed, but all had attended at least one session.

The evaluator worked in partnership with Min No Aya Win's lead health educator to identify a representative sample of stakeholder respondents who had awareness of and some familiarity with the cessation program. Stakeholders included representatives from the medical and dental clinic staff; the Women, Infants, and Children (WIC) program; the chemical dependency treatment center; and community centers.

Prior to starting the interviews, the evaluator described the evaluation to participants, including the voluntary nature of the interview. Interviewees signed a consent form and were given a copy of it to keep, and also received a $25 gift card to a local merchant as an incentive for participation. Interviews were conducted at the clinic settings where cessation services are provided to increase comfort level and convenience, unless a respondent indicated a preference for another location, which was accommodated as requested. Fond du Lac staff provided space for interviews in a clinic conference room located distant from the tobacco health educator's office, to protect respondents' confidentiality.

Cessation program participants were interviewed about how they learned of the program; what motivated them to participate; their general impressions of the program content and implementation (including the tobacco health educator who provided the programming); and their views on the value of traditional tobacco inclusion in the curriculum, availability of NRT and medications, and having programming conducted by Fond du Lac.

Stakeholder interviews addressed familiarity and interactions with the program, awareness of Fond du Lac's adaptation of the program, inclusion of traditional tobacco, and general impressions.

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Staff interviews were conducted to ensure the evaluator understood the program and how it was implemented, and to stay informed of any developments in implementation. The staff interviews ensured that the evaluator had sufficient context and understanding to interpret the participant and stakeholder interviews.

Analysis

Both participant and stakeholder interviews were recorded and transcribed. Transcripts were imported into Atlas.ti qualitative software to facilitate organizing and coding. The lead evaluator coded and analyzed the key informant interviews for common and emergent themes; a second qualitative analyst then conducted a secondary review of the coding. Member checks of findings were conducted with Fond du Lac staff for accuracy and clarification.

Table 1
Elements that Contributed to Successful Enrollment and Participation in the Wiidookowishin Commercial Tobacco Cessation Program

1. Credibility through tribal oversight and administration
2. Systemic commitment to helping members quit
3. Individualized services
4. Tobacco health educator accessibility and flexibility
5. Outreach and community awareness
6. Traditional tobacco education
7. Curriculum tailored to Fon du Lac
8. Tobacco health educator who is AI and from the community
9. Pharmacists engaged in providing cessation services
10. Nicotine replacement therapy and medications; required participation in cessation counseling

FINDINGS AND DISCUSSION

Several elements contributed to the Wiidookowishin program's success at recruiting and enrolling participants.

1. Credibility Through Tribal Oversight and Administration

The Wiidookowishin program is administered by Fond du Lac Human Services. Tribal members have confidence in services provided at Min No Aya Win and trust the providers and staff affiliated with it. As stakeholders noted, "This is their clinic." Tribal members believe they will receive competent and confidential services from Min No Aya Win. Many participants expressed

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confidence that a program would not be operated by Fond du Lac unless it was high quality. This trust emanates from both confidence in Fond du Lac Human Services and the fact that services provided there are for the Fond du Lac community.

One participant said she would be unlikely to participate in a cessation program if it were offered by an agency not operated by Fond du Lac. Participants distrust mainstream services and frequently have had negative experiences with such agencies. Historical traumas, such as forced removal of ancestors to boarding schools, assimilation, and prohibitions on exercising tribal sacred beliefs, contribute to many tribal members' lack of trust in non-reservation providers. Stakeholders agreed, and often were more candid about specific experiences that would inhibit a tribal member from seeking services outside of Fond du Lac. As one participant said, "That would be like off brand…like that would not be comfortable."

2. Systemic Commitment to Helping Members Quit

All providers are committed to screening for cessation. Treatment providers, doctors, pharmacists, dentists, the WIC program staff, public health staff, and community center directors value cessation and refer people to the program. Screening is a regular part of many providers' interactions with their patients. This systemic commitment means that Fond du Lac community members are continually encountering opportunities to be connected to cessation services. Cessation is seen as part of everyone's work, not just something done by the tobacco health educator.

Stakeholders both within and beyond health services believe cessation is important, and are aware that AI smoking rates are high and that AIs experience disproportionate harm related to commercial tobacco use. Other clinic staff members relate smoking harm to their own programs—whether it is recognizing the value of support to stop smoking while undergoing substance abuse treatment, improving health outcomes for other medical conditions, reducing exposure to second-hand smoke for other household members, or reducing the economic costs of commercial tobacco.

The commitment to cessation continued during a gap in services when a longtime tobacco health educator resigned, leaving the position vacant for several months while a replacement was sought. Despite the popularity of the tobacco health educator who resigned, stakeholders both within the health care systems and in the community were confident that a high level of services would be continued with a new individual. Indeed, while there was an interruption in the level of services during the transition, when the position was filled the new tobacco health educator quickly restored services to their prior levels—indicating that commitment is for the program itself, and is not dependent on an individual person in the position.

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Within Min No Aya Win, support from the lead health educator (who oversees the cessation program) has been crucial. While the tobacco health educator position was vacant, the lead health educator kept stakeholders informed of the hiring process, coordinated with the funding agency to ensure continued support, coordinated with pharmacists to ensure that NRT remained available to participants who sought cessation services, and sometimes provided cessation services in addition to his other job. Having a long-established member of the staff deeply invested in the success of the program and committed to its continued viability has been essential to sustaining the program through staffing transitions.

3. Individualized Services

Participants value that cessation services are individualized and tailored to their schedule and comfort level. Many participants desire the privacy of an individual session rather than a group session, and the tobacco health educator accommodates those requests. The small scale of the program is an asset for many participants. When asked if they would seek services from a mainstream provider, many participants suspected programs outside the reservation would be too big and too bureaucratic. More than one said they felt they would just be a number, not a person, at a non-Fond du Lac program. The tobacco health educator's ability to adapt services to each individual's preferences and schedule make the program more accessible for many. As one stakeholder said, part of the goal is to "reduce any barriers" to obtaining cessation services.

4. Tobacco Health Educator Accessibility and Flexibility

Adequate training, expertise, and skill are necessary for staff who provide cessation services. Beyond that, flexibility and accessibility are important to Fond du Lac participants. They find it helpful to know that they can contact the tobacco health educator (or the pharmacist) between scheduled sessions. Knowing they can call with questions or for extra advice or encouragement is valued. Participants feel the tobacco health educator is their advocate and cares about them quitting. An approachable personality—characteristics such as being easy to talk to, comfortable, non-judgmental, friendly, and having a sense of humor—were all reported as important to participants.

5. Outreach and Community Awareness

The tobacco health educator conducts ongoing outreach throughout the community. While many participants come into contact with the program through a referral from a service provider such as their doctor, or via another program in which they participate, participants are also recruited from throughout the community. The tobacco health educator conducts outreach at organizations,

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agencies, and events throughout the Fond du Lac community every week. Outreach efforts seek not only to recruit participants, but to increase awareness of the program within the community. Stakeholders noted that ongoing outreach is essential; as one said, “It’s not a one-time effort, it has to be done over and over.” Awareness in the community helps increase confidence and credibility in the program.

6. Traditional Tobacco Education

Tobacco has a complex history for AIs. AIs have used traditional tobacco in ceremonies and daily life for centuries, a use that has been corrupted by commercial tobacco. Many AIs are disconnected from traditional tobacco due to decades of cultural suppression within mainstream society in the U.S. Some are unfamiliar with traditional tobacco customs. This situation creates special challenges for programs that seek to help Native people discontinue commercial use. Thus, it is important to incorporate traditional tobacco teachings into the Wiidookowishin curriculum. Many stakeholders feel especially strongly about this issue, and believe an important function of cessation programming is to seek to restore traditional tobacco customs among Fond du Lac members, as these customs are part of their history and culture. Although a number of participants do not observe traditional use and do not feel it is useful to them personally, in general participants feel that having information on traditional tobacco is important in programming, and should be available for any who need it.

This finding demonstrates the complexity of traditional tobacco use among tribal members, and is another indication that the flexibility of the program to adjust to individual needs is valuable. Regardless of the amount of emphasis on traditional tobacco in the curriculum, it is important that the information is available and that the tobacco health educator delivering services understand traditional use.

7. Curriculum Tailored to Fond du Lac

Stakeholders were often aware of the history of the Wiidookowishin curriculum and of the fact that Fond du Lac members had helped to adapt the curriculum to include Ojibwe language and stories as well as traditional tobacco teachings. This knowledge enhances the program’s credibility among stakeholders and makes them feel more confident about referring people. Stakeholders feel this tailored approach is an important element that improves the program. (Participants were not likely to know that the curriculum was adapted from a mainstream program, so this issue was not explored with participants.)

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8. Tobacco Health Educator who is AI and from the Community

It matters to many participants and stakeholders that the current and past tobacco health educators are AI and are from the Fond du Lac community. Many participants and stakeholders know both the current and previous tobacco health educators and, while many believed the position could be filled by an outsider, as several people who work at Min No Aya Win are non-Native, all agree it would take an outsider much longer to gain trust, if s/he could do so at all. Previously, the program did have two non-Natives in this role; the lead health educator shared that they were unfamiliar with traditional tobacco and with the community's history and culture, which created an additional barrier to gaining trust. Participants feel that a tobacco health educator from the community knows and understands their concerns and is more likely to be nonjudgmental, thereby increasing trust.

It should be noted that many of the pharmacists are not Native, but have successfully gained the trust of community members because of their longevity within the community. However, some pharmacists interviewed said they often felt that their services might be more effective if provided by a Fond du Lac member. They also felt ill-equipped to provide information on traditional tobacco.

9. NRT and Medications; Required Participation in Cessation Counseling

The Wiidookowishin program offers a variety of aids to help participants who are trying to stop smoking: Nicotine gum, patches, Chantix, Wellbutrin, and other cessation aids are available at no cost. Participants are required to enroll in cessation counseling as a condition of receiving those aids. Participants feel these aids are very important, since they often try several until they find one that works for them. Being able to obtain them at no cost eliminates any barriers participants might face due to insurance limits or inability to pay, and removes any stigma that might be associated with limited resources. Pharmacists are familiar with research that shows that cessation medications are more effective if combined with counseling (Fiore et al., 2008). The type of cessation aid provided is based on a variety of considerations. In some cases, doctors or pharmacists make recommendations for some participants based on medical history or condition; in others, the tobacco health educator works with participants to help them select a cessation aid that fits their preferences and needs.

10. Pharmacists Engaged in Providing Cessation Services

Pharmacists provide cessation counseling at all three locations, and receive training so they can carry out cessation services and implement the curriculum. While Min No Aya Win and CAIR are served by a full-time tobacco health educator, there is no designated position to provide counseling or outreach at the metro pharmacy, so the pharmacists fit participants in around their normal duties. They have a high level of commitment to cessation, and cessation counseling fits well with other

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advice they provide (e.g., nutrition, diet, exercise, diabetes prevention). The pharmacists are often a point of entry to cessation, because counseling is a requirement to get NRT and other cessation-related medication prescriptions filled, so their buy-in is important. Having pharmacists trained to provide cessation counseling expands the options available to participants and helps provide support for those with complicated medical histories.

Limitations

This evaluation examined participants who were currently enrolled in and/or participating in the Wiidookowishin program. Thus, a limitation of this evaluation is that we did not have the opportunity to interview individuals who had chosen *not* to participate in cessation services. There may be reasons some people decline to receive services that could further inform program outreach and implementation, or barriers that we were unable to identify by limiting our sample to participants.

Program enrollment data were obtained from reports to the funder by Fond du Lac staff. While participants at the Min No Aya Win and CAIR clinics are primarily Fond du Lac members, the metro pharmacy serves all AIs in the metro area and is not exclusive to Fond du Lac members; data on tribal membership was not available, but it is reasonable to assume that many of the urban participants are not Fond du Lac members. Projected estimates of smokers were based on statewide data, because data specific to Fond du Lac are not available. Despite these limits, enrolling 1,191 participants in 8.5 years is a laudable level of participation.

We also were unable to compare Fond du Lac's experience with other tribal settings. A future evaluation might consider examining a setting where enrollment had been less successful, to determine areas where efforts were similar or different. While the experience of the Wiidookowishin program seems to hold valuable lessons for others attempting to design and provide cessation services for AIs, this evaluation is specific to Fond du Lac's experience.

Recommendations

Many of the elements that our evaluation identified as important to Wiidookowishin's success in connecting people to services might be applicable to program planning in other communities, including non-AI communities. However, they are of special importance in AI settings where issues around historical trauma and sovereignty are especially salient. Tribal ownership and control, cultural tailoring of the curriculum, and restoration of traditional tobacco are integral to work in AI settings.

Recommendations for program providers: The Wiidookowishin program indicates that at least ten elements are important to successful implementation of cessation programming in tribal settings. Tribal control and administration are important—tribal members need to feel confidence and trust

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in the agency providing services. The systemic commitment to commercial tobacco cessation—specifically, integration of referrals from various providers—underlies the Wiidookowishin program's success. Programs that start without a strong level of commitment to cessation may not be as successful. The program should have the flexibility to be individualized to participant needs. Tobacco health educators should be flexible, willing to adjust schedules, and available between regular sessions to support and encourage participants. Ongoing outreach needs to be included to increase awareness among both potential participants and providers who may make referrals. The program needs to reflect the community by incorporating traditional tobacco teachings, adapting the curriculum to reflect the community to build trust and credibility, and hiring tribal community members. The program should provide a variety of medications and therapies for participants and remove cost as a barrier. Pharmacists should be engaged in providing services—their expertise makes them credible providers, and cessation fits with other advice they provide.

Recommendations for funding agencies: As the Wiidookowishin program has developed over the years, a close collaboration between the program funder (ClearWay Minnesota[SM]) and Fond du Lac Human Services has been important to the program's success. The funder has been flexible and has allowed Fond du Lac time to plan, revise the curriculum, and refine the cessation program. Further, Fond du Lac was given the opportunity to brand its own services in ways that were culturally appropriate and important to the community. When staffing transitions occurred, the funder allowed adjustment on grant timelines and deadlines that gave necessary assurance that the program would continue. Some funding agencies, especially government-based funders, might not have been able to be this flexible, but for new programs in tribal settings, this flexibility can be essential to successful program development, planning, and implementation.

Recommendations for future research: The disproportionate impact of commercial tobacco points to the need for more information on commercial tobacco cessation for AIs. Little research exists on culturally tailored programs, or the effectiveness of these programs compared to the mainstream programming that is most prevalent. This evaluation was limited by available resources, but still went beyond what program staff could have undertaken without outside funding for this purpose. Future evaluations should examine barriers to learn more about those who do not enroll in programs or those who begin a program but do not complete it.

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CONCLUSION

It is essential that effective programs continue to address the impact of commercial tobacco use in AI communities. The Wiidookowishin program has demonstrated that a tailored program can be successful at helping tribal members stop smoking, and this evaluation identified several elements that contributed to success of the program. These findings may be valuable for program developers and funders to consider when attempting to implement a commercial tobacco cessation program in a tribal setting.

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